

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552782

FILING DATE

APPLICANT(S)

09.14.05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2					
4	3					
5	4					
6	5					
7	6					
8	7					
9	8					
10	9					
11	10					
12	11					
13	12					
14	13					
15	14					
16	15					
17	16					
18	17		1			
19	18		1			
20	19					
21	20					
22	21					
23	22					
24	23					
25	24					
26	25		1			
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						